



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Actos*	Copaxone*	Omnitrope ^{CC}
Adderall XR*	Coumadin*	Onglyza
Adhansia XR	Diastat*	Oxytrol
Advair Diskus*	Diastat Acudial*	Pradaxa
Advair HFA	Dulera	Premarin (tabs only)
Aimovig ^{CC}	Dymista*	Prempo
AirDuo RespiClick	Elidel	ProAir HFA*
Ajovy ^{CC}	Eliquis	Pulmicort Flexhaler
Anoro Ellipta	Enbrel ^{CC}	Qvar Redihaler
Aricept*	Entresto	Rebif
Arnuity Ellipta	Epclusa ^{CC*}	Relenza [†]
Asmanex HFA	Eucrisa ^{CC}	Ritalin*
Asmanex Twisthaler	Farxiga	Serevent Diskus
Atrovent HFA	Flovent Diskus	Spiriva
Avonex	Flovent HFA	Stiolto Respimat
Bepreve	Focalin XR*	Striverdi Respimat
Besivance	Harvoni ^{CC*}	Sublocade ^{CC}
Betaseron	Hemangeol ^{CC}	Suboxone ^{CC*}
Bethkis	Humira ^{CC}	Symbicort*
Blephamide	Humalog Mix	Tamiflu ^{†*}
Breo Ellipta	Incruse Ellipta	Tecfidera
Brilinta	Invokamet	Toviaz
Byetta	Invokana	Tradjenta
Bystolic	Janumet	Trulicity
Catapres-TTS*	Janumet XR	Tudorza
Capex Shampoo	Januvia	Tysabri
Cimzia ^{CC}	Jardiance	Victoza
Cipro HC	Jentadueto	Vyvanse (capsules)
Ciprodex*	Kitabis*	Xarelto
Citranatal 90 DHA	Kombiglyze XR	Xofluza [†]
Citranatal Asssure	Lantus	Xopenex HFA*
Citranatal B-Calm	Levemir	Zepatier ^{CC}
Citranatal Bloom	Mavyret ^{CC}	Zetonna
Citranatal DHA	Nitro-Bid	Zomacton ^{CC}
Citranatal Harmony	Nitrostat	Zovirax (cream only)
Colcrys*	Novolog	Zubsolv ^{CC}
Combivent	Novolog Mix 70-30	Zylet
Concerta*	Omnaris	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/1/2021

^{CC} Denotes agent is preferred with clinical criteria in place.